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## BIB DATA SHEET

CONFIRMATION NO. 3460

| SERIAL NUMBER   | FILING or 371(c)<br>DATE<br>RULE  | CLASS  | GROUP ART UNIT  | ATTORNEY DOCKET<br>NO.           |                               |                                    |
|---|---|--|---|----------------------------------|-------------------------------|------------------------------------|
| 10/676,265  | 10/02/2003  | 165  | 3744  | 2507-8637.1US<br>(22235-US-0)    |                               |                                    |
| <b>APPLICANTS</b><br>Edward J. Kroliczek, Davidsonville, MD;<br>Michael Nikitkin, Ellicott City, MD;<br>David A. Wolf SR., Baltimore, MD;   |   |  |   |                                  |                               |                                    |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/415,424 10/02/2002<br>and is a CIP of 10/602,022 06/24/2003 PAT 7,004,240<br>which claims benefit of 60/391,006 06/24/2002<br>This application 10/676,265 10/02/2003<br>is a CIP of 09/896,561 06/29/2001 PAT 6,889,754<br>which claims benefit of 60/215,588 06/30/2000 |   |  |   |                                  |                               |                                    |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |  |   |                                  |                               |                                    |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>01/10/2004  |   |  |   |                                  |                               |                                    |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /LJLJANA V CIRIC/<br>Acknowledged Examiner's Signature   |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR<br/>COUNTRY</b><br>MD   | <b>SHEETS<br/>DRAWINGS</b><br>24 | <b>TOTAL<br/>CLAIMS</b><br>51 | <b>INDEPENDENT<br/>CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>TRASKBRITT, P.C./ ALLIANT TECH SYSTEMS<br>P.O. BOX 2550<br>SALT LAKE CITY, UT 84110<br>UNITED STATES  |   |  |   |                                  |                               |                                    |
| <b>TITLE</b><br>Evaporator for a heat transfer system   |   |  |   |                                  |                               |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>2534  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                  |                               |                                    |